

Integrated community case management in practice: Lessons learnt from a participatory evaluation in three African countries

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Key messages

- Qualitative studies can offer a valuable contribution in understanding the 'hows' of implementation, and implications for improved feasibility and acceptability of iCCM in practice
- A sharp focus must be maintained on capacity building and enabling of the public health system
- Common themes and recommendations can be found across different countries
- The context-specific learnings from this participatory research can greatly inform policy-makers in scaling-up iCCM programmes



A village health team member in Uganda explaining the result of a malaria rapid diagnostic test to a caregiver. Photo: Tine Frank

Introduction

Despite numerous studies highlighting the effectiveness of an integrated community case management approach, there is little data on implementation in practice and stakeholder experiences of iCCM. The stakeholders include central and sub-national level managers and policy makers, health workers at different levels including the community, and beneficiaries. This participatory evaluation documents lessons learned and explores iCCM implementation experiences across three African countries: South Sudan, Uganda and Zambia.

Methods

Qualitative methods used for data collection across the three countries included stakeholder consultations (country participatory workshops with key stakeholders to inform on design and scope, key informant interviews, focus group discussions), and a review of documentation. Data analysis followed the framework analysis approach; prominent themes were identified and used to assemble a thematic framework under which data was coded and sorted. Each thematic area was compared between target groups and contextualised, and associations between themes identified. Findings were then explained and interpreted. Data collection was conducted from November 2012 to March 2013.

Results

Overarching key programmatic themes and recommendations:

- Collaboration with implementing partners in planning stages positively impacts on community acceptance and ownership
- Adoption of participatory and locally adapted training packages with involvement of health facility staff strengthens local ownership
- Increased community demand and engagement for iCCM and community health workers (CHWs) increases their motivation
- Development of alternative supportive supervision methods such as peer support groups enables CHWs to be regularly supported
- Improved data management, utilisation and integration into Health Management Information Systems facilitates better planning
- Improved supply chain management of commodities in conjunction with the national distribution network can sustainably keep CHWs supplied
- Enhanced sensitisation and behaviour change communications focus raises awareness and usage of appropriate health services
- Advocacy at national level for funding and logistical support for continuation and integration of iCCM

"I do not know how to read and write, but I have understood the content of the [iCCM] training."

- Community drug distributor, South Sudan

"...the results are instant. So, children can start treatment immediately. This has helped us as the children do not become too sick as was the case in the past."

- Beneficiary, Zambia

"I think the most effective communication method was through the LC [community leader] because he is near the community members"

- Health facility staff, Uganda

Quotes collected from various stakeholders in the three countries



A community drug distributor in South Sudan explaining to a mother how to give medicine to her child. Photo: Jenn Warren

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